

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11523

Reg. Dist. No. 2020

1. PLACE OF DEATH: County <u>Chesapeake</u> City or town <u>Chesapeake</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>all life</u> Hospital, institution, or street address where death occurred: <u>Home & Care Home, St. Mary's</u> How long in hospital or institution? <u>not known</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants, give residence of mother) State <u>Maryland</u> County <u>Chesapeake</u> City or town <u>Chesapeake</u> (If outside city or town limits, write RURAL and give nearest town) Street No. _____ (If rural, give LOCATION) 2.(a) If veteran, name war _____	
3. (a) FULL NAME <u>Harmon V. Brown</u>		3. (b) Social Security Number <u>212-10-0701</u>	
4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u> 6. (b) Name of husband or wife <u>Stella Brown</u> 6. (c) If alive, give age <u>48</u> years	
7. Birth date of deceased <u>Nov. 1, 1894</u>		8. AGE: Years <u>54</u> Months <u>7</u> Days <u>16</u> If less than one day hrs. _____ min. _____	
9. Birth place <u>Chesapeake, Md.</u> (Town, county, and state)		10. Usual occupation <u>Construction work, Phila.</u>	
11. Industry or business <u>same as above</u>		12. Name <u>Raymond Brown</u>	
13. Birthplace <u>Chesapeake, Md.</u>		14. Maiden name <u>Mary Smith</u>	
15. Birthplace <u>Chesapeake, Md.</u>		16. Informant <u>Chesapeake, Md.</u>	
17. Burial (Burial, cremation, or removal. Which?) Cemetery or crematory <u>Chesapeake</u> Location <u>Chesapeake, Maryland</u>		18. Funeral director <u>Marion V. Williams</u> Address <u>Chesapeake, Maryland</u>	
19. Nov. 23, 1948 (Date rec'd by registrar)		20. DATE OF DEATH <u>Nov 21, 1948</u>	
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ to _____ and that I last saw him alive on _____ Immediate cause of death <u>Massive coronary thrombosis</u> Due to <u>Obstruction</u> Due to _____ Other conditions _____ (Include pregnancy within 3 months of death) Major findings of operations <u>None</u> Date of op. _____ Autopsy results <u>None</u> PHYSICIAN: Please underline the cause to which death should be charged statistically.		22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide <u>None</u> Date of _____ Where did injury occur? _____ (City or town) _____ (County) _____ (State) Injured at home, farm, industry, public place (where?) <u>None</u> Means of injury <u>None</u> Injured at work? _____	
23. SIGNATURE <u>Harmon V. Brown</u> Address <u>Chesapeake, Maryland</u>		24. SIGNATURE <u>Chesapeake, Maryland</u> Date <u>Nov 21/48</u>	

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NOV 26 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent
 City or town Worton R.R. (Big Woods)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Kent
 City or town Worton R.R. (Big Woods)
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. (Big Woods)
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Rosie J. Chambers

3. (b) Social Security Number

4. Sex Female 5. Color or race Col 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife James Chambers
 6. (c) If alive, give age 25 years
 7. Birth date of deceased (mo., day, yr.) (undecember) 1861

8. AGE: Years 87 Months - Days - If less than one day - hrs. - min.

9. Birthplace Kent Co. md
 (Town, county, and state)

10. Usual occupation Housework

11. Industry or business John Harrison

12. Name John Harrison

13. Birthplace Kent Co. md

14. Maiden name James

15. Birthplace unknown

16. Informant James Chambers

Address Worton 3rd

17. Burial Date thereof Dec 3 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mountain Rural

Location Worton md

18. Funeral director R.R. Galloway

Address Still Pond md

19. Dec 2 19 48 Clara S. Barnes
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29 1948 at 7:30

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1947 to 1948 and that I last saw him alive on Nov 1 19 48

Immediate cause of death Chronic Myocarditis DURATION 3

Due to Chronic Myocarditis

Due to Chronic Myocarditis

Other condition Arteriosclerosis Shock

(Include pregnancy within 3 months of death)

Major findings of operations Arteriosclerosis

Date of op. 3/4/48

Autopsy results Arteriosclerosis

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of Dec 3 1948

Where did injury occur? (City or town) (County) (State)

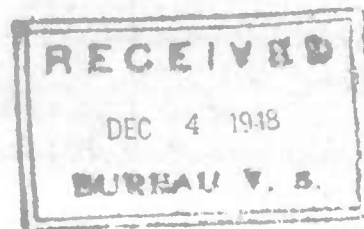
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature Clara S. Barnes M. D. or other Nov 29/48

Address Worton md Date signed Nov 29/48

1946
12/1



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

131

11525

Reg. Dist. No. 200

1. PLACE OF DEATH:

County KentCity or town Massey
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Md. County KentCity or town Massey
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Mary C. Parrell

3. (b) Social Security Number

none4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife Thomas Parrell7. Birth date of deceased (mo., day, yr.) Nov 2 1870 8. (c) If alive, give age _____ years8. AGE: 78 Years 0 Months 0 Days 0 If less than one day _____ hrs. _____ min.9. Birthplace Kent Md.
(Town, county, and state)10. Usual occupation Housework

11. Industry or business _____

12. Name Alexander Newton13. Birthplace Md.14. Maiden name Henrietta Bayliden15. Birthplace Md.16. Informant William H. ParrellAddress Massey Md.17. Burial Date thereof Nov 21, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetary or crematory MasseyLocation Massey Md.18. Funeral director Edward FellowsAddress Mullington Md.19. November 20 1948 Edw. Fellows
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 19 1948 at 2 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 17 1948 to Nov 18 1948 and that I last saw him alive on Nov 18 1948Immediate cause of death MyocardiaDue to Ch. Pulmonary embolismDue to Ch. Myocardia

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE M. D. or otherAddress Mullington Md. Date signed Nov 19/48

DURATION

9 days10 years5 years

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

932

11526

203

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Keok
 City or town..... Rock Hall
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... life
 Hospital, institution, or street address where death occurred:
Gratitude Rd.
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Keok
 City or town..... Rock Hall
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... Gratitude Rd.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

John Wesley Elbourne

3. (b) Social Security Number

4. Sex..... M. 5. Color or race..... Wh. 6.(a) Single, married, widowed, or divorced..... married
 6.(b) Name of husband or wife..... Sallie Elbourne
 6.(c) If alive, give age..... 84 years
 7. Birth date of deceased (mo., day, yr.)..... Jan 16 1870
 8. AGE: Years..... 78 Months..... 10 Days..... 9 If less than one day..... hrs. min.

9. Birthplace..... Rock Hall, Md.
 (Town, county, and state)
 10. Usual occupation..... water man
 11. Industry or business..... self.
 12. Name..... John Elbourne
 13. Birthplace..... Rock Hall, Md.
 14. Maiden name..... Catherine Benson
 15. Birthplace..... Rock Hall, Md.
 16. Informant..... Wm Nelson Elbourne
 Address..... Rock Hall, Md.
 17. Burial..... Date thereof..... Nov 28 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... Wesley Chapel Cemetery
 Location..... Rock Hall Md
Edgar L Lane
 18. Funeral director.....
 Address..... Church Hill Md
 19. 11/28..... 48..... S Elwood Burgess
 (Date rec'd by registrar) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... November 25 1948 at 7:15 P.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
11/15 1948, to 11/25 1948,
 and that I last saw him alive on 11/24 1948.
 Immediate cause of death.....
Coronary Thrombosis
 Due to..... Coronary sclerosis
 Due to..... Hypertension
Valvular Heart Disease
 Other conditions.....
 (Include pregnancy within 3 months of death)
 Major findings of operations.....
 Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?.....
 23. SIGNATURE..... Albert A. Burgard
 M. D. on duty
 Address..... Rock Hall, Md. Date signed..... 11/28/48

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DEC 7 1948

BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11527

1. PLACE OF DEATH

County Kent Registration Dist. No. 200
 Village or City Near Mary No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME CLAYTON JOHNSON

If U. S. Veteran, specify WAR _____
 (a) Residence: No. Near Mary St. _____ Ward _____
 (Usual place of abode) If nonresident give city or town and State _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Marian R. Johnson</u>		
6. DATE OF BIRTH (month, day, and year) <u>Feb. 23rd 1892</u>		
7. AGE Years <u>56</u>	Months _____	Days _____
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. _____	
	10. Date deceased last worked at this occupation (month and year) _____	
		11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Ind
 (State or country)

FATHER	13. NAME <u>Anthony Johnson</u>
	14. BIRTHPLACE (city or town) <u>Ind</u> (State or country)
MOTHER	15. MAIDEN NAME <u>Laura B. Wooster</u>
	16. BIRTHPLACE (city or town) <u>Virginia</u> (State or country)

17. INFORMANT Mrs. Marian Johnson
 (Address) Mary

18. BURIAL, CREMATION, OR REMOVAL
 Place Buried in church Date Nov 28, 1948

19. UNDERTAKER St. Joseph's
 (Address) and St. Joseph's

20. FILED Nov. 5, 1948 E. H. Fellows
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

NOVEMBER 4, 1948
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1947, to Nov 4, 1948

I last saw him alive on Nov 4, 1948; death is said

to have occurred on the date stated above, at 3 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coronary Occlusion Date of onset 11-4-48

Other Contributory Causes of Importance:

Gr. upset with violent retching

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19 _____

Where did Injury occur? _____

(Specify city or town, county and State)
 Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Frederick J. Papasch M. D.

(Address) Epelma, Ind

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

The principal cause of death and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: Home
 County Still Pond, MD
 City or town all life
 (if outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution? 1 year

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (If newborn infant, give residence of mother)
 State Maryland County Heat
 City or town Still Pond, MD
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. (If rural, give LOCATION)
 2(a) If veteran, name war

3. (a) FULL NAME Levi Jones

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife none

7. Birth date of deceased (mo., day, year) July 1887 8. (c) If alive, give age years

8. AGE: 61 Years Months Days If less than one day hrs. min.

9. Birthplace Heat & and
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Levi Jones

13. Birthplace Heat & and

14. Maiden name Nancy White

15. Birthplace Heat & and

16. Informant Dr. H. H. Jones

Address Still Pond, MD

17. Burial Burial Date thereof Nov 13, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt Zion Cemetery

Location Still Pond, Md.

18. Funeral director B. R. Fellows

Address Still Pond, Md.

19. Nov. 13, 1948 Clara S. Barnes
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 8 19 48 at home

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from birth to death

and that I am a duly licensed physician. I am a physician

Immediate cause of death probable hyperkalemia DURATION no. of

Due to Alcoholism

Due to Alcoholism

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations none

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of no

Where did injury occur? no (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) no

Means of injury no Injured at work? no

Signature Dr. H. H. Jones M. D. or other no

Date signed Nov 10/48

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore
CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....
Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)

Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Alberta Matthews

3. (b) Social Security Number

none

4. Sex.....
5. Color or race.....
6. (a) Single, married, widowed, or divorced.....

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.).....
6. (c) If alive, give age..... years

8. AGE: Years..... Months..... Days.....
If less than one day..... hrs..... min.

8. Birthplace.....
(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

18. Informant.....

Address.....

17. (Burial, cremation, or removal, which)..... Date thereof.....

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

19. Nov. 12 1948 Elizabeth J. Muehl.....

(Date rec'd by registrar)..... Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH..... November 10 1948 at 11:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1947 to November 10 1948 and that I last saw her alive on November 5 1948

Immediate cause of death.....
Branchiopneumonia

DURATION

1 wk

Due to.....
Weakness + inactivity in bed.

Due to.....

Other conditions.....
Arteriosclerotic heart disease & decompensation @ Arthritis
(Include pregnancy within 3 months of death)

Major findings of operations.....
Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....

M. D. or other.....

Address..... Date signed 11-12-48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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NOV 15 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County KentCity or town Worton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County KentCity or town Worton
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Catherine Linda Meuch

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Charles Meuch7. Birth date of deceased (mo., day, yr.) November 19 - 1867 6. (c) If alive, give age 86 years8. AGE: Years 80 Months 10 Days 8 If less than one day _____ hrs. _____ min.9. Birthplace Kent Co. Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business _____

12. Name August Heiser13. Birthplace Hennings14. Maiden name Alfonsa Rogers15. Birthplace Kent Co. Md.16. Informant Charles MeuchAddress Worton17. BURIAL Date thereof Nov 9 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory ChesterLocation Chester town Md18. Funeral director SB RR & othersAddress Still Found Md19. Nov 8 19 48 Clara S. Barnes
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7 19 48 at 6:07 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19 49 to Nov 3 19 48and that I last saw him alive on Nov 3 19 48Immediate cause of death Found dead betweenapert holesDue to Cardiac hypertrophyDue to ischemia

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Frank Smith M. D. or otherAddress Worton Date signed Nov 7/48

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NOV 10 1948

BUREAU T. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2.02

1. PLACE OF DEATH:

County Kent
 City or town near Chesterton Rural md
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 months

Hospital, institution, or street address where death occurred: _____

How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County KentCity or town Kennedysville md
 (If outside city or town limits, write RURAL and give nearest town)Street No. Main St
 (If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Maywood E Nickerson

3. (b) Social Security Number

4. Sex Female5. Color or race W6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Thomas E Nickerson6. (c) If alive, give age 61 years7. Birth date of deceased (mo., day, yr.) Sept. 17 18868. AGE: Years 62 Months 1 Days 14 If less than one day _____ hrs. _____ min.9. Birthplace Orillington Md.
 (Town, county, and state)10. Usual occupation house wife11. Industry or business At home12. Name Thomas W McGinnis13. Birthplace Deer Arms Co md.14. Maiden name Ella C Starr15. Birthplace Deer Arms Co, md.16. Informant Thomas E NickersonAddress Kennedysville md.17. Burial (Burial, cremation, or removal. Which?) BurialDate thereof Nov 3 1948
 (month) (day) (year)Cemetery or crematory Methodist Church yardLocation Kennedysville md.18. Funeral director B R WellonsAddress Still Pond md19. Nov. 2 19 48 Clara S. Barnes
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 1 19 48, at 5 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 8 19 48 to Nov 1 19 48and that I last saw him alive on Nov 1 19 48Immediate cause of death ComaDURATION 1 dayDue to hemiplegia 3 moDue to Cerebral hemorrhage 3 mo

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H G Simpson

M. D. or other _____

Address Clara S. BarnesDate signed 11.2.48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2.02

1. PLACE OF DEATH:

County... Kent
 City or town... Chestertown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 weeks
 Hospital, institution, or street address where death occurred:
 Kent + Queen Anne Hospital
 How long in hospital or institution? 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... MARYLAND County... KENT
 City or town... CHESTERTOWN
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... MILL
 (If rural, give LOCATION)
 2.(a) If veteran, name war... NO

3. (a) FULL NAME

Selinda Bitterhouse Porter

3. (b) Social Security Number

218-16-6425

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widowed

8. (b) Name of husband or wife... Owen Porter

Deceased 6. (c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.) 4-22-1883

8. AGE: Years Months Days If less than one day
 65 6 14 hrs. min.

9. Birthplace... Kent County, Maryland
(Town, county, and state)

10. Usual occupation... Packman in food plant

11. Industry or business... Vita Foods Plant

12. Name... Bateman Bitterhouse

13. Birthplace... Pennsylvania

14. Maiden name... Kathleen Manning

15. Birthplace... Kent Co. Md.

18. Informant... Mrs. Rex Chaires - Sister

Address... Chestertown, Md.

17. Burial Date thereof... 11-8-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Chester

Location... Chestertown, Maryland

18. Funeral director... J. Willis Wells

Address... Chestertown, Maryland

19. Nov. 8 48 Class L Barnes

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... November 6 1948 at 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 15 1948 to Nov 6 1948

and that I last saw him alive on Nov 5 1948

Immediate cause of death... cerebral accident

Due to... Hyperextension

Due to... heart condition

Other conditions... Gallbladder disease

Diabetes

(Include pregnancy within 8 months of death)

Major findings of operations...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... Albert G. Burgard

Address... Rock Hill Md. Date signed... 11/7/48

RECEIVED
NOV 10 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

50

11533

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent
 City or town Still Pond
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 yrs.
 Hospital, institution, or street address where death occurred:
Eden Valley Farm
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Kent
 City or town Still Pond
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Eden Valley Farm
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Maids Muldoon Walters

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife N. V. Walters
 7. Birth date of deceased (mo., day, yr.) January 7 1888 6.(c) If alive, give age 67 years
 8. AGE: Years 66 Months 10 Days 1 If less than one day
66 hrs. 10 min.

9. Birthplace Baltimore, Md.
 (Town, county, and state)
 10. Usual occupation Homemaker
 11. Industry or business Home
 12. Name Thomas Muldoon
 13. Birthplace Richmond Va.
 14. Maiden name Elizabeth Black
 15. Birthplace Balto., Md.

16. Informant Mr. N.V. Walters (Husband)
 Address Still Pond, Maryland
 17. Burial Date thereof Nov. 11, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Galena
 Location Galena, Kent Co. Maryland
 18. Funeral director Marvin V. Williams
 Address Chestertown, Maryland
 19. Nov. 10, 1948 Claire S. Barnes
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8 1948 at 11:00 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1 1946 to Nov. 8 1948
 and that I last saw him alive on Nov. 9, 1948 1948
 Immediate cause of death Metastatic carcinoma
 Due to Carcinoma of breast.
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)
 Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE Robert W. Saxe M. D. notary
 Address Chestertown, Md. Date signed 11/8/48

3953 -



Evidence for change of
age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11534

FILM No. G 118 NOV 30 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County... Chestertown
City or town... Chestertown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 days
Hospital, institution, or street address where death occurred:

How long in hospital or institution? 4 days

3. (a) FULL NAME

4. Sex male 5. Color of race white 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1927 8. (c) If alive, give age... years

8. AGE: Years 20 Months 11 Days 1 It less than one day... hrs. ... min.

9. Birthplace Laurel Del
(Town, county, and state)

10. Usual occupation Electric Line worker

11. Industry or business Electric

12. Name Willis Wingate

13. Birthplace Laurel Del

14. Maiden name Willis Wilson

15. Birthplace Delaware

16. Informant Wife + Aunt Jones Strop

Address Chestertown Md

17. Burial Date thereof Nov. 29, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Laurel Hill Cem.

Location Laurel - Sussex Co. Dela.

18. Funeral director J. Willis Wells

Address Chestertown, - Md.

19. Nov. 22 19 48 Clara S. Barnes

(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

For newborn infants give residence of mother)
State... Maryland County... Kent
City or town... Chestertown
(If outside city or town limits, write RURAL and give nearest town)
Street No. ...
(If rural, give LOCATION)
2. (a) If veteran, name war...

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 19 19 48 at 7:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 18 to Nov 19 and that I last saw him at home and that the cause of death was lacerations DURATION

Due to 13 rows

Due to Auto accident

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations none

Autopsy results none Date of op.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Nov 14/48

Where did injury occur? Public Highway (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Public Highway

Manner of injury Auto accident Injured at work? no

23. Signature Clara S. Barnes M.D. or other

Address Chestertown Md Date signed Nov 20/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 24 1948

BUREAU V. S.